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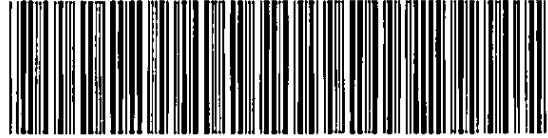
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Date: 7/19/18

Name: KEN HOWELL

Reference #: B104544

Entity Name: WINTER GARDEN PHYSICIAN HOLDINGS, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other ****CERTIFIED COPY UPON FILING ****

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**ISSUES - CALL KEN @
 518-213-0738**

Authorized Amount: \$155.00

Signature: [Signature]

① CORPORATE HQ
 COGENCY GLOBAL INC.
 10 E 40TH ST, 10TH FL
 NY, NY 10016
 800.221.0102
 +1.212.947.7200

② EUROPEAN HQ
 COGENCY GLOBAL (UK) LIMITED
 REGISTERED IN ENGLAND & WALES
 REGISTRY +44020
 6 BEVIS MARKS, 1ST FL
 LONDON EC3A 7BA
 +44 (0)20.3786.1090

③ ASIA PACIFIC HQ
 COGENCY GLOBAL (HK) LIMITED
 A HONG KONG LIMITED COMPANY
 INFINITUS PLAZA, 12TH FL
 198 DES VOEUX RD CENTRAL
 HONG KONG
 +852.3975.1803

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Winter Garden Physician Holdings, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kandice Walker, Paralegal

Name of Person

McGuireWoods LLP

Firm/Company

77 W. Wacker Drive, Suite 4100

Address

Chicago, IL 60601

City/State and Zip Code

dr.awosika@westorangenephrology.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kandice Walker

312

750-3594

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Winter Garden Physician Holdings, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1210 E. Plant Street, Suite 120

Winter Garden, FL 34787

Mailing Address:

1210 E. Plant Street, Suite 120

Winter Garden, FL 34787

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Banji Awosika, M.D.

Name

1210 E. Plant Street, Suite 120

Florida street address (P.O. Box **NOT** acceptable)

Winter Garden

FL

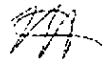
34787

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Banji Awosika, M.D.

1210 E. Plant Street, Suite 120

Winter Garden, FL 34787

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Banji Awosika, M.D.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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